

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09763594 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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32		1		1		
33				1		
34				1		
35				1		
36				1		
37		1				
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45		1				
46			1			
47			1			
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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96					
97					
98					
99					
100					
TOTAL IND.			1		
TOTAL DEP.			1		
TOTAL CLAIMS			1		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS